

## COMPREHENSIVE SICKLE CELL DISEASE CARE PLAN

### Birth to 10 Years of Age

Evaluation	Interval	Yes	No	Dates
General Physical Exam				
Under 6 months	Once a month			
6 months-1 year	Every 2 months			
1-6 years	Every 3-4 months			
Immunizations & TB Tests	See Table 2			
Comprehensive Social Worker Evaluation				
Interview	Every 2 years			
Home visit	Once a year			
School assessment	Once a year			
Genetic Counseling Services				
Family Studies	First visit			
Counseling and Education	1-3 times a year			
Hematology (red blood cell) Evaluation	Every 3 months to once a year			
Liver Studies	Once a year			
Gallbladder Evaluation	Every year or when needed			
Renal (Kidney tests)	Once a year or when needed			
Cardiac (Heart tests)	Every 2 years			
Pulmonary (Lung tests)	When needed			
Ophthalmologist (Retinal exam)	Once a year, after age 10			
Dental Evaluation	Once a year, starting at age 3			
Psychological/Family Therapy Consultation	Once a year			
Physical Therapy Assessment	When needed			
Developmental Screen	Once a year or when needed			
Formal Nutrition Assessment	Every 2 years or as needed			

Child:

Keep a record of the dates your child receives shots and TB tests. Carry the record with you to show your doctor.